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TERMS OF THIS AGREEMENT

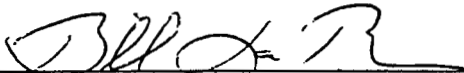
The period of this Cooperative Agreement shall be from January 1, 1996, through December 31, 1997. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

3/27/96

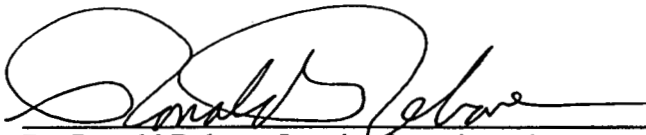
Date



Donna Checkett, Director
Division of Medical Services

3-19-96

Date



Dr. Ronald Rebore, Interim Superintendent
Special School District of St. Louis County

12/22/95

Date

TN No. ~~95-67~~ 96-01

Supersedes TN No. 93-1

Approval Date _____

Effective Date 01/01/96

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
The Dunklin County R-5 School District**

**EPSDT ADMINISTRATIVE CASE MANAGEMENT through the
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)**

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the Dunklin County R-5 School District, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) aka in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of EPSDT/HCY Administrative Case Management by the Dunklin County R-5 School District has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the Dunklin County R-5 School District.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the Dunklin County R-5 School District has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the Dunklin County R-5 School District in identifying and assessing the health care needs of EPSDT eligible clients and in planning, coordinating and monitoring the delivery of preventative and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the Dunklin County R-5 School District for EPSDT Administrative Case Management.

The Department of Social Services, Division of Medical Services recognizes the Dunklin County R-5 School District as the most suitable agent to administer case planning and coordination through EPSDT Administrative Case Management for its EPSDT eligible clients and their families.

The Department of Social Services and the Dunklin County R-5 School District enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the Dunklin County R-5 School District's boundaries and which are currently included in the Title XIX State Plan.

TN No. 98-15

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Effective Date 1/1/99

**I
MUTUAL OBJECTIVES**

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.
8. Administrative claims under this agreement shall not duplicate other claims for Medicaid services or administrative activities.

**II
RESPECTIVE RESPONSIBILITIES**

DSS agrees to:

1. Reimburse the Dunklin County R-5 School District the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel

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and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide the access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the Dunklin County R-5 School District.
4. Provide initial training and technical assistance to staff of the Dunklin County R-5 School District regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating school districts on an annual basis.
6. Provide necessary consultation to the Dunklin County R-5 School District on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

The Dunklin County R-5 School District agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The Dunklin County R-5 School District shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.
 - a. Assisting children and families to establish Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility.

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b. Outreach Activities:

- (1) informing foster care providers of all Title IV-E eligible children enrolled in DESE operated programs of the HCY/EPSTD program;
- (2) informing Medicaid eligible students who are pregnant or who are parents and attending DESE operated programs about the availability of HCY/EPSTD services for children under the age of 21; and
- (3) Outreach activities directed toward providers, recruiting them to become Medicaid providers and to accept Medicaid referrals.

c. Coordination of HCY/EPSTD Screens and Evaluations:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual. A medical care home is a coordinated, comprehensive, continuous health care program to address the child's primary health needs. The health care home should provide or make arrangements for after hours care, and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSTD/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSTD screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);

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9. Review and provide input and assistance to DMS in the preparation of all CSTAR provider manuals and bulletins to be published by DMS and provided to Medicaid enrolled CSTAR providers. Provide DMS with written information regarding any regulatory or programmatic changes in CSTAR services and/or providers for publication in Medicaid provider bulletins and provider manuals.
10. Prepare policy and procedure for the internal operations of DMH regarding CSTAR services. Such policy and procedure as may affect compliance with Title XIX rules shall be subject to DSS/DMS approval prior to implementation.
11. Participate in Medicaid related training that may be deemed necessary by the Director of DSS and/or the Director of DMH.
12. Prepare annual budget requests for appropriations for CSTAR services.
13. Prepare action plans in the event of federal or state budget reductions.
14. Analyze and plan for the impact of proposed or enacted federal or state regulatory or statutory changes which will affect the CSTAR services authorized under the State Medicaid Plan.
15. Participate in hearings requested by persons who have been denied CSTAR services.
16. Exchange with DSS data to jointly compile periodic reports on the number of clients served, services utilized and costs.
17. Recommend rates for services to DSS/DMS based upon the recommendation of the CSTAR rate setting task force, appointed by the Director of DMH or his designee.
18. Provide as requested by DSS the information necessary to request federal funds available under FFP. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Mental Health.
19. Accept responsibility for disallowance and incur the penalties of same resulting from the activities associated with this agreement, unless the disallowance or penalty is the result of the Division of Medical Services' failure to submit, in a proper format and/or in a timely manner, amendments to the Medicaid State Plan proposed by the Department of Mental Health required for the administration of

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Approval Date MAR 20 1995

the CSTAR program. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from the Department of Mental Health.

The Department of Mental Health will provide the Department of Social Services all information required to submit a Medicaid State Plan amendment at least 15 working days prior to the time the amendment must be submitted to HCFA.

20. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the activities authorized under this agreement.

B. Department of Social Services

The Department of Social Services (DSS) agrees to:

1. Provide program interpretations of Title XIX regulations relating to DMH responsibilities regarding the CSTAR Program.
2. Provide training about Title XIX for DMH staff as determined to be necessary by the Director of DSS and/or the Director of DMH.
3. Determine recipients' eligibility for Medicaid.
4. Reimburse enrolled CSTAR providers for services provided to eligible clients pursuant to the rehabilitation option in the State Medicaid Plan.
5. Reimburse the Department of Mental Health at the state Medicaid match rate of 50% for CSTAR administrative activities performed by Department of Mental Health staff. Reimburse the Department of Mental Health at the enhanced match rate of 75% for CSTAR administrative activities performed by Skilled Professional Medical Personnel within the Department of Mental health for eligible claims prepared in accordance with applicable federal regulations. Changes in federal regulations affecting the matching percentage, and/or costs eligible for administrative or enhanced match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
6. Exchange with DMH data to jointly compile periodic reports on the number of clients served, services utilized and costs.

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Approval Date MAR 20 1995

7. Review reports of provider noncompliance from DMH and jointly pursue any sanction or other action necessary and appropriate to remedy the noncompliance.
8. Prepare, print and mail material regarding CSTAR services to Medicaid CSTAR Providers. This includes manuals and bulletins. Assist DMH in reviewing any materials or reports to be published by DMH regarding CSTAR services. All such materials published by DMH as may affect compliance with Title XIX rules shall be subject to DSS/DMS review and approval prior to distribution.
9. Review and comment on policy and procedures for the internal operation of DMH, where such policy and procedure may affect compliance with Title XIX (Medicaid) rules.
10. The Department of Social Services/Division of Legal Services will conduct hearings requested by recipients who have been denied CSTAR state plan services.


IV. TERMS OF THE AGREEMENT

The effective date of this agreement is July 1, 1994. This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effective.


 Gary J. Stangler
 Director, Department of Social Services

12/02/1994

Date


 Joann Leykam
 Acting Director, Department of Mental Health

12/1/94

Date

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 Approval Date MAR 20 1995

COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES
Division of Medical Services
and
THE DEPARTMENT OF HEALTH
Division of Health Resources

Data Development, Research, and Analysis
for
MEDICAID EXPANSION FOR PREGNANT WOMEN AND CHILDREN
EPSDT
Medicaid Managed Care

STATEMENT OF PURPOSE

The Missouri Departments of Social Services (DSS) and Health (DOH), in order to provide the most efficient, effective and cost effective administration of Title XIX program, hereby agree to the conditions included in this Cooperative Agreement.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective departments which are currently included in the Title XIX State Plan.

I
MUTUAL OBJECTIVES

1. Evaluate Medicaid expansion, EPSDT services and managed care delivery system.
2. Develop, improve and utilize new and current information systems to evaluate access of health care services in Missouri and to improve and expand prenatal and preventive health services to Medicaid eligible recipients through education, cooperative planning, reducing barriers to access to health care and follow-up activities.
3. Develop information to monitor health status of the medicaid population under managed care.

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4. Develop tracking systems to improve delivery of services including but not limited to immunizations, lead screening and other services.

II PROGRAM DESCRIPTION

Medicaid eligibility and services have been greatly expanded for pregnant women and children since January 1, 1988. Eligibility was expanded to include mothers and children up to 100 percent of the poverty level. Before that time, eligibility was limited to persons below 37 percent of the poverty level. Beginning July 1, 1990, eligibility was expanded again to 133 percent of poverty. Case management activities for pregnant women also began in 1988. Presumptive and continuous eligibility of mothers and children were also implemented July 1, 1990. Fees for physicians providing prenatal and obstetrical services were greatly increased beginning July 1, 1990. Plans are underway for converting the existing Medicaid fee for service reimbursement system to a managed care system. A request for proposal for managed care in the St Louis area is in preparation. A statewide 1115A Waiver is under consideration by the Health Care Financing Administration. Other policy recommendations are also being considered to improve access to care. All of these changes are designed ultimately to improve access to services and improve the health status of the medicaid population.

This program is designed to evaluate the possible effects of these Medicaid activities on access and quality of services.

Several sources of data will be developed and used in these evaluation and improvement of services efforts. These include, but are not limited to (1) Birth certificates. (2) Medicaid encounter files. (3) Income maintenance files. (4) Medicaid provider files. (5) Case Management files. (6) Health manpower files. (7) Hospital inpatient and outpatient files. (8) other patient related data.

Activities will include (1) Extracting data from DOH files (2) Linking birth certificates with Medicaid paid claim and eligibility files (3) Linking information from Medicaid provider files, birth certificate files, health manpower files and other files. (4) Providing listings and mailing labels from health manpower files. (5) Writing reports evaluating Medicaid expansion policy changes on access to care, level of prenatal in the Medicaid population, and pregnancy outcomes. (6) Developing managed care health status indicators. (7) Developing, analyzing and providing data

State Plan TN. 94-33
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